

Sample 3
Annual Individual Teacher Professional Development Plan

Name of teacher: _____
Name of evaluator: _____
Date plan was developed: _____
Date of last performance review: _____
Teacher's Signature: _____ Date of Approval: _____
Evaluator's Signature: _____ Date of Approval: _____

Goal Statement(s):

Data used to establish need for the goal(s):

Alignment of goal(s) with building/district student learning goals:

Professional development training and learning opportunities needed
to accomplish established goals:

Other resources teacher may access to accomplish goal(s):

Alignment with Iowa Teaching Standards and criteria:

Documentation of progress (data sources and points):

Description of updates, major efforts, additional goals, modifications of current goals, etc.:

Year	Describe Status of Goal(s)	Signatures*
Year 1 Review Date:_____		Teacher:_____ Evaluator:_____
Year 2 Review Date:_____		Teacher:_____ Evaluator:_____
Year 3 Review Date:_____		Teacher:_____ Evaluator:_____

*Signature indicates the evaluator and teacher have discussed the progress on the Individual Teacher Professional Development Plan.